

United States Bankruptcy Court
Western District of Washington

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle): J. Kristian Rapisarda, D.D.S., P.S.	Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): DBA Rapisarda Family Dentistry	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all) 26-2304006	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)
Street Address of Debtor (No. and Street, City, and State): 2005 SE 192nd Ave. #201 Camas, WA	Street Address of Joint Debtor (No. and Street, City, and State):
ZIP Code 98607	ZIP Code
County of Residence or of the Principal Place of Business: Clark	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address):	Mailing Address of Joint Debtor (if different from street address):
ZIP Code	ZIP Code
Location of Principal Assets of Business Debtor (if different from street address above):	

Type of Debtor (Form of Organization) (Check one box) <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	Nature of Business (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13
Chapter 15 Debtors Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending:	TAX-EXEMPT ENTITY (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	Nature of Debts (Check one box) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.
		Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.

Statistical/Administrative Information <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors. 											THIS SPACE IS FOR COURT USE ONLY																						
Estimated Number of Creditors <table style="margin-left: auto; margin-right: auto;"> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>1-49</td> <td>50-99</td> <td>100-199</td> <td>200-999</td> <td>1,000-5,000</td> <td>5,001-10,000</td> <td>10,001-25,000</td> <td>25,001-50,000</td> <td>50,001-100,000</td> <td>OVER 100,000</td> <td></td> </tr> </table>											<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-49	50-99	100-199	200-999	1,000-5,000	5,001-10,000	10,001-25,000	25,001-50,000	50,001-100,000	OVER 100,000		
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Estimated Assets <table style="margin-left: auto; margin-right: auto;"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>\$100,000,001 to \$500 million</td> <td>\$500,000,001 to \$1 billion</td> <td>More than \$1 billion</td> <td></td> </tr> </table>											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion								
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Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): J. Kristian Rapisarda, D.D.S., P.S.
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)		
Location Where Filed: - None -	Case Number:	Date Filed:
Location Where Filed:	Case Number:	Date Filed:
Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)		
Name of Debtor: - None -	Case Number:	Date Filed:
District:	Relationship:	Judge:
Exhibit A		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).
<input type="checkbox"/> Exhibit A is attached and made a part of this petition. 		X Signature of Attorney for Debtor(s) _____ (Date) _____
Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No.		
Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.		
Information Regarding the Debtor - Venue (Check any applicable box) <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. 		
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes) <ul style="list-style-type: none"> <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) <ul style="list-style-type: none"> (Name of landlord that obtained judgment) _____ (Address of landlord) _____ 		
<ul style="list-style-type: none"> <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)). 		

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):
J. Kristian Rapisarda, D.D.S., P.S.**Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.
 [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.
 [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Debtor

X

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

Date

Signature of Attorney***X /s/ Albert N. Kennedy**

Signature of Attorney for Debtor(s)

Albert N. Kennedy WSBA No. 15074

Printed Name of Attorney for Debtor(s)

Tonkon Torp LLP

Firm Name

**1600 Pioneer Tower
888 SW Fifth Ave
Portland, OR 97204-2099**

Address

503-221-1440 Fax: 503-274-8779

Telephone Number

April 1, 2015

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ J. Kristian Rapisarda

Signature of Authorized Individual

J. Kristian Rapisarda

Printed Name of Authorized Individual

President

Title of Authorized Individual

April 1, 2015

Date

Signatures**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

- I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.
- Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

Address

X

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person,or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

United States Bankruptcy Court
Western District of Washington

In re **J. Kristian Rapisarda, D.D.S., P.S.**

Debtor(s)

Case No.

Chapter

11

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
Pacific Continental Bank 911 Main St., #100 Vancouver, WA 98660	Pacific Continental Bank 911 Main St., #100 Vancouver, WA 98660 360-695-3204	Secured loan.		599,258.42; secured loan; value of collateral unknown
IRS POB 7346 Philadelphia, PA 19101-7346	IRS POB 7346 Philadelphia, PA 19101-7346 503-265-3774	Secured payroll taxes.		63,431.17; secured tax lien; value of collateral unknown
May Brothers Dental Lab 718 NE 87th Ave. #106 Vancouver, WA 98664	May Brothers Dental Lab 718 NE 87th Ave. #106 Vancouver, WA 98664 360-892-2433	Dental lab services.		20,850.13
Align Technology Inc. 2560 Orchard Parkway San Jose, CA 95131	Align Technology Inc. 2560 Orchard Parkway San Jose, CA 95131 408-740-1000	Dental products.		1,749.00
Somnomed 7460 Warren Parkway #190 Frisco, TX 75034	Somnomed 7460 Warren Parkway #190 Frisco, TX 75034 888-447-6673	Dental appliance manufacturer		1,435.00
Ziemek Dental Lab 2310 Mottman Rd. SW Olympia, WA 98512	Ziemek Dental Lab 2310 Mottman Rd. SW Olympia, WA 98512 888-447-6673	Dental lab services.		1,314.14
Capital Premium Finance POB 660899 Dallas, TX 75266	Capital Premium Finance POB 660899 Dallas, TX 75266 800-767-0705	Insurance products.		1,200.00
Dental Billing Sleep Solutions 27349 Jefferson Ave. #213 Temecula, CA 92590	Dental Billing Sleep Solutions 27349 Jefferson Ave. #213 Temecula, CA 92590 800-561-0693	Billing services.		1,015.58

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS
(Continuation Sheet)

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
Vancouver Sign Company 2600 NE Andresen Rd. Vancouver, WA 98661	Vancouver Sign Company 2600 NE Andresen Rd. Vancouver, WA 98661 360-693-4773	Practice sign.		800.00
Glidewell 4141 MacArthur Blvd. Newport Beach, CA 92660	Glidewell 4141 MacArthur Blvd. Newport Beach, CA 92660 800-854-7256	Dental appliance products.		769.12
Patterson Dental 1031 Mendota Heights Saint Paul, MN 55120	Patterson Dental 1031 Mendota Heights Saint Paul, MN 55120 503-670-0456	Dental chair.		744.92
Physicians Resource 4000 SE International Way f101 Portland, OR 97222	Physicians Resource 4000 SE International Way f101 Portland, OR 97222 503-654-8788	Annual OSHA training.		520.00
Abnormal Computer Support 17215 Valley View Rd. Portland, OR 97267	Abnormal Computer Support 17215 Valley View Rd. Portland, OR 97267 503-680-5445	Computer support.		466.12
PSIC Insurance Co. Attn: Dental Malpractice 14001 University Ave. Clive, IA 50325	PSIC Insurance Co. Attn: Dental Malpractice 14001 University Ave. Clive, IA 50325 800-864-8026	Malpractice insurance.		315.50
Comcast Attn: Bankruptcy Dept. 8115 NE Vancouver Mall Dr. Vancouver, WA 98662	Comcast Attn: Bankruptcy Dept. 8115 NE Vancouver Mall Dr. Vancouver, WA 98662 800-231-3655	Utility - internet service.		263.61
American General POB 9000 Canyon, TX 79015	American General POB 9000 Canyon, TX 79015 800-231-3028	Life insurance policy.		258.62
Metro Tech Dental Equipment Repair 18500 SE Wallace Rd. Dayton, OR 97114	Metro Tech Dental Equipment Repair 18500 SE Wallace Rd. Dayton, OR 97114 503-917-1960	Dental equipment repair.		250.00
Henry Schein 25589 SW Canyon Creek Rd. #600 Wilsonville, OR 97070	Henry Schein 25589 SW Canyon Creek Rd. #600 Wilsonville, OR 97070 503-682-2609	Dental supplies.		240.67
Officite 3010 Highland Parkway #625 Downers Grove, IL 60515	Officite 3010 Highland Parkway #625 Downers Grove, IL 60515 630-230-2300	Website & e-mail services.		202.00

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS
(Continuation Sheet)

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
Travelers Travelers CL Remittance Center POB 660317 Dallas, TX 75266	Travelers Travelers CL Remittance Center POB 660317 Dallas, TX 75266 800-252-2268	Building insurance		140.20

**DECLARATION UNDER PENALTY OF PERJURY
ON BEHALF OF A CORPORATION OR PARTNERSHIP**

I, the President of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date 4/1/15

Signature /s/ J. Kristian Rapisarda
J. Kristian Rapisarda
President

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

Albert N. Kennedy, WSBA No. 15074
Direct Dial: (503) 802-2013
Facsimile: (503) 972-3713
E-Mail: al.kennedy@tonkon.com

Michael W. Fletcher, OSB No. 010448
Pro Hac Vice Applied For
Direct Dial: (503) 802-2169
Facsimile: (503) 972-3869
E-Mail: michael.fletcher@tonkon.com

TONKON TORP LLP
1600 Pioneer Tower
888 S.W. Fifth Avenue
Portland, OR 97204

Judge:
Chapter:
Hearing Location:
Hearing Date:
Hearing Time:
Response Date:

Attorneys for Debtor

UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF WASHINGTON

Tacoma Division

In re
J. Kristian Rapisarda, D.D.S., P.S.,
Debtor.

Case No. **DISCLOSURE OF COMPENSATION
OF ATTORNEY FOR DEBTOR
PURSUANT TO RULE 2016(b)**

Tonkon Torp LLP ("Tonkon"), pursuant to Bankruptcy Rule 2016(b), states that:

1. Debtor has engaged Tonkon to act as its general bankruptcy counsel in this case. Debtor has filed with the Bankruptcy Court a separate application to employ Tonkon at attorneys for Debtor.

2. In the 12 months preceding the commencement of this Chapter 11 case, Debtor paid Tonkon a total of \$17,495, of which approximately \$7,495 was for fees and

**DISCLOSURE OF COMPENSATION OF ATTORNEY
FOR DEBTOR PURSUANT TO RULE 2016(b) - 1 of 2**
In re J. Kristian Rapisarda, D.D.S., P.S., Case No. _____

Tonkon Torp LLP
888 SW Fifth Avenue, Suite 1600
Portland, Oregon 97204
503-221-1440

expenses incurred in connection with the filing of this case (which includes the filing fee of \$1,717).

3. The filing fee for commencing this Chapter 11 case is being paid in full.

4. The source of payments to be made by Debtor to Tonkon for legal services, filing fees, and costs incurred in or in connection with this case will be from property of the bankruptcy estate.

5. Tonkon has not shared or agreed to share with any person, other than its members, any compensation paid or to be paid.

DATED this 1st day of April, 2015.

TONKON TORP LLP

By s/ Albert N. Kennedy

Albert N. Kennedy, WSBA No. 15074
Michael W. Fletcher, OSB No. 010448,
Pro Hac Vice Applied For
Attorneys for Debtor

037481/00001/6266625v1

**DISCLOSURE OF COMPENSATION OF ATTORNEY
FOR DEBTOR PURSUANT TO RULE 2016(b) - 2 of 2**
In re J. Kristian Rapisarda, D.D.S., P.S., Case No.

Tonkon Torp LLP
888 SW Fifth Avenue, Suite 1600
Portland, Oregon 97204
503.221.1440

192 Plaza LLC
2300 East Third Loop
Vancouver, WA 98661

Abnormal Computer Support
17215 Valley View Rd.
Portland, OR 97267

Align Technology Inc.
2560 Orchard Parkway
San Jose, CA 95131

American General
POB 9000
Canyon, TX 79015

Capital Premium Finance
POB 660899
Dallas, TX 75266

City of Vancouver
Financial & Management Svcs
POB 1995
Vancouver, WA 98668

Clark County
Taxation & Assessment
POB 5000
Vancouver, WA 98666

Clark Public Utilities
POB 8900
Vancouver, WA 98668

Comcast
Attn: Bankruptcy Dept.
8115 NE Vancouver Mall Dr.
Vancouver, WA 98662

Dental Billing Sleep Solutions
27349 Jefferson Ave. #213
Temecula, CA 92590

Glidewell
4141 MacArthur Blvd.
Newport Beach, CA 92660

Guardian Life Insurance Co.
7 Hanover Square
Customer Service H-6-D
New York, NY 10004

Henry Schein
25589 SW Canyon Creek Rd. #600
Wilsonville, OR 97070

IRS
POB 7346
Philadelphia, PA 19101-7346

J. Kristian Rapisarda
1207 NW 35th Ave.
Camas, WA 98607

May Brothers Dental Lab
718 NE 87th Ave. #106
Vancouver, WA 98664

Metro Tech
Dental Equipment Repair
18500 SE Wallace Rd.
Dayton, OR 97114

NW Hand Piece Repair
13718 NW 36th Ave.
Vancouver, WA 98685

NW Natural
11218 NE 66th St.
Vancouver, WA 98662

Officite
3010 Highland Parkway #625
Downers Grove, IL 60515

Pacific Continental Bank
911 Main St., #100
Vancouver, WA 98660

Patterson Dental
1031 Mendota Heights
Saint Paul, MN 55120

Physicians Resource
4000 SE International Way f101
Portland, OR 97222

PSIC Insurance Co.
Attn: Dental Malpractice
14001 University Ave.
Clive, IA 50325

J. Kristian Rapisarda
1207 NW 35th Ave.
Camas, WA 98607

Sierra Springs
2300 Windy Ridge Parkway #500
Atlanta, GA 30339

Somnomed
7460 Warren Parkway #190
Frisco, TX 75034

Stericycle
310 N. Columbia Blvd.
Portland, OR 97217

Travelers
Travelers CL Remittance Center
POB 660317
Dallas, TX 75266

Ultradent Products Inc.
505 West Ultradent Rd.
(10200 South)
South Jordan, UT 84095

US Attorney's Office
Attn: Bankruptcy Assistant
700 Stewart St. #5220
Seattle, WA 98101

Vancouver Sign Company
2600 NE Andresen Rd.
Vancouver, WA 98661

State of Washington
Attorney General's Office
Bankruptcy & Collections Unit
800 Fifth Ave. #2000
Seattle, WA 98104

Ziemek Dental Lab
2310 Mottman Rd. SW
Olympia, WA 98512

**United States Bankruptcy Court
Western District of Washington**

In re J. Kristian Rapisarda, D.D.S., P.S.

Debtor(s)

Case No.
Chapter

11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for J. Kristian Rapisarda, D.D.S., P.S. in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

■ None [*Check if applicable*]

April 1, 2015

Date

/s/ Albert N. Kennedy WSBA No.

Albert N. Kennedy WSBA No. 15074

Signature of Attorney or Litigant

Counsel for J. Kristian Rapisarda, D.D.S., P.S.

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